


PATIENT PRESENTING CLINICAL SIGNS

Sofie Johnson

SPECIES

Canine

BREED

Beagle

SEX

Spayed Female

AGE

8 Years

WEIGHT

43

INTERPRETED BY

 Kathleen Sennello DVM,
 MS, Diplomate ACVIM
 (Small Animal Internal
 Medicine)

IMAGING PERFORMED BY
HOSPITAL NAME

Magnolia Springs VC

REFERRING VET

Dr. Gallick

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46055

DATE

3/21/23

Patient presented on 3/3/23 for wellness exam/vaccines and to discuss a dental and growth removals. Sofie is doing well at home. Eating and drinking normally. Normal urination and defecation. No vomiting, diarrhea, coughing or sneezing. Sofie is currently Simparica trio, Dasuquin and FortiFlora. Owner noticed a small bump on her chin yesterday and also that her canine tooth is looking more discolored than it did before. No other presenting complaint.

Abnormal PE/Chem/CBC/UA Results: Ears: Both the ear canal and pinna are normal. Sofie seems to hear fine. Eyes: Nuclear sclerosis OU GI/Abdominal Palpation: Sofie's abdominal palpation is normal. This means the kidneys, intestines, liver and other abdominal organs that are palpable are normal (no masses, lumps, fluid, pain). Heart/Cardiovascular: Sofie's heart is normal. The heart sounds are clear with no murmurs or arrhythmia heard. The pulses are normal. Lungs/Trachea: Sofie's lungs sound normal with no fluid, crackles or wheezes. The trachea sounds normal and palpates normal. Lymph nodes/Thyroid gland: Sofie's external lymph nodes (submandibular, pre-scapular, axillary and popliteal) all palpate normally. There are no abnormal structures associated with the thyroid gland. Mouth/Teeth/Gums: Generalized gingival hyperplasia, esp along the mandibular incisors (can only see tips of some incisors). Missing multiple teeth. Abrasion/attrition and moderate dental tartar on remaining teeth. Fx of 104 with some discoloration. See pictures. Musculoskeletal: Crepitus of the right stifle. Nervous System: Sofie's nervous system is normal. There are no observable defects in the nerves, spinal cord or brain function. Nose/Throat: Sofie's nose and throat are normal. Air flows freely through nostrils, no discharge is noted and there are no difficulties with vocalizing or swallowing. Skin/Haircoat: Two small, dark skin growths on lateral right elbow/shoulder area and lateral right thigh. Nickel-sized, round, soft, movable mass on left lateral elbow. Pendulous skin tags on ventral sternum and the right front paw, between digits 2 and 3. Small, ~2mm, pink, flat adenoma-like growth or impacted hair follicle along the mid chin area. Urinary/Reproductive: Sofie's urogenital system is normal. The urinary system is functioning normally. The reproductive organs examined are normal. Rectal/ Anal Region: Sofie's anal region appear normal. Bloodwork done on 3/4/23 CBC - NSF Chem: TP - 5.0 ALB 2.6 Glob 2.4 CK 309 4DX - negative UA - no protein present, USG 1.012, pH 7.5 Weight has been fairly stable over the last year. TP and ALB has been on low end of RI or slightly decreased over the last year. No protein in urine sample. Concern for possible underlying GI disease. Discussed further work up: fasted GI panel, Abd US, Rx diet trial (like Purina Pro Plan HA Veg) Recommended checking fecal sample since included with this blood panel. O to drop off. O reports Sofie has regular BMs that are normal. Were softer and had more diarrhea when they first adopted her until they found a diet that worked better for her. Eating Purina Pro Plan Salmon sensitive skin and stomach diet now. O reports she did not do well with chicken based diets. Thinks she may have some food sensitivities. She also sometimes has some blood on the surface of the stool on occasion, seen more when straining, happens randomly since they adopted her. O has been wanting to get dental and mass removal done since last year but it was pushed off when Sofie got pneumonia. Checked with MG and advised that since values have been static over the last year and since Sofie is otherwise doing well we can consider starting a diet trial and recheck ALB/TP day of surgery. If significant decreases in ALB/TP or drastic changes in weight, BMs, appetite, etc prior to sx then we will postpone and further work-up GI. If still static or improved ALB/TP, then we will proceed. Redid BW today 3/21/23 attached all bloodwork

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (6.11 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal



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perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

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The right kidney has a normal shape and size (6.31 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

BREED

Beagle

Adrenal Glands

The left adrenal gland is somewhat irregular in appearance, measuring 0.81 cm at the cranial pole and 0.78 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is somewhat abnormal in appearance in that there is a hyperechoic nodule in the cranial pole measuring 0.76 cm x 0.55 cm. No evidence of vascular invasion visualized.

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The right adrenal gland is normal in size measuring 0.86 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

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Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

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The stomach contains minimal luminal contents. It measures at a normal thickness of 0.45 cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

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The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is increased. Bowel loops follow a typical curvilinear path. Some areas have reduced detail of wall layering. Duodenum wall measures 0.62 cm. Jejunum wall measures 0.48 cm. There is evidence of mucosal speckling, fogging, and striations. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

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Pancreas

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.



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Free Abdomen

Sofie Johnson

There is a scant amount of free abdominal fluid. There are numerous cystic appearing lymph nodes in the mid abdomen, examples of which measure 1.09 cm x 1.5 cm and 0.85 cm x 1.45 cm. The omentum is diffusely mildly hyperechoic.

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PRIMARY FINDINGS

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- Hyperechoic nodule in the cranial pole of the left adrenal gland - Adrenomegaly could be consistent with neoplasia (e.g., adenoma, carcinoma, pheochromocytoma), hyperplasia, inflammation, other.

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- Diffusely thickened small bowel with mucosal fogging and speckling visualized – The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia. Bright mucosal speckling has been postulated to represent dilated lacteals or focal accumulations of mucus, cellular debris, etc.. in the mucosal crypts.

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- Cystic mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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- Scant free abdominal fluid.

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SECONDARY FINDINGS

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- Moderate gallbladder debris - The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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There are diffuse changes observed in the small bowel that increase my suspicion for a protein losing enteropathy. There are many possible causes for this. The most common would be severe IBD, lymphangiectasia, or less likely (in this case) neoplasia. Unfortunately, endoscopic biopsies are necessary to differentiate, but I would strongly recommend this, as this appears relatively early in the disease course, and management will be optimized with a correct diagnosis.

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There are significant cystic lymph nodes visualized. Sampling of these could be attempted but could be challenging due to the cystic nature of these lesions. The significance of these lesions is unknown. They likely represent reactive lymph nodes, but underlying neoplastic change cannot be ruled out.

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Additionally, consider the following:

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- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.
- Recommend chronic probiotic therapy.
- Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

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Additionally, you want to rule out concurrent protein loss from the kidneys or lack of production by the liver. You stated that there was no significant protein in the urine. Additionally, a liver function test can help to rule out significant liver disease as a contributing factor.

There is a hyperechoic nodule in the cranial pole of the left adrenal. At this time, I suspect it is incidental, but this could also represent an early neoplastic finding. Additionally, this could be secreting hormone



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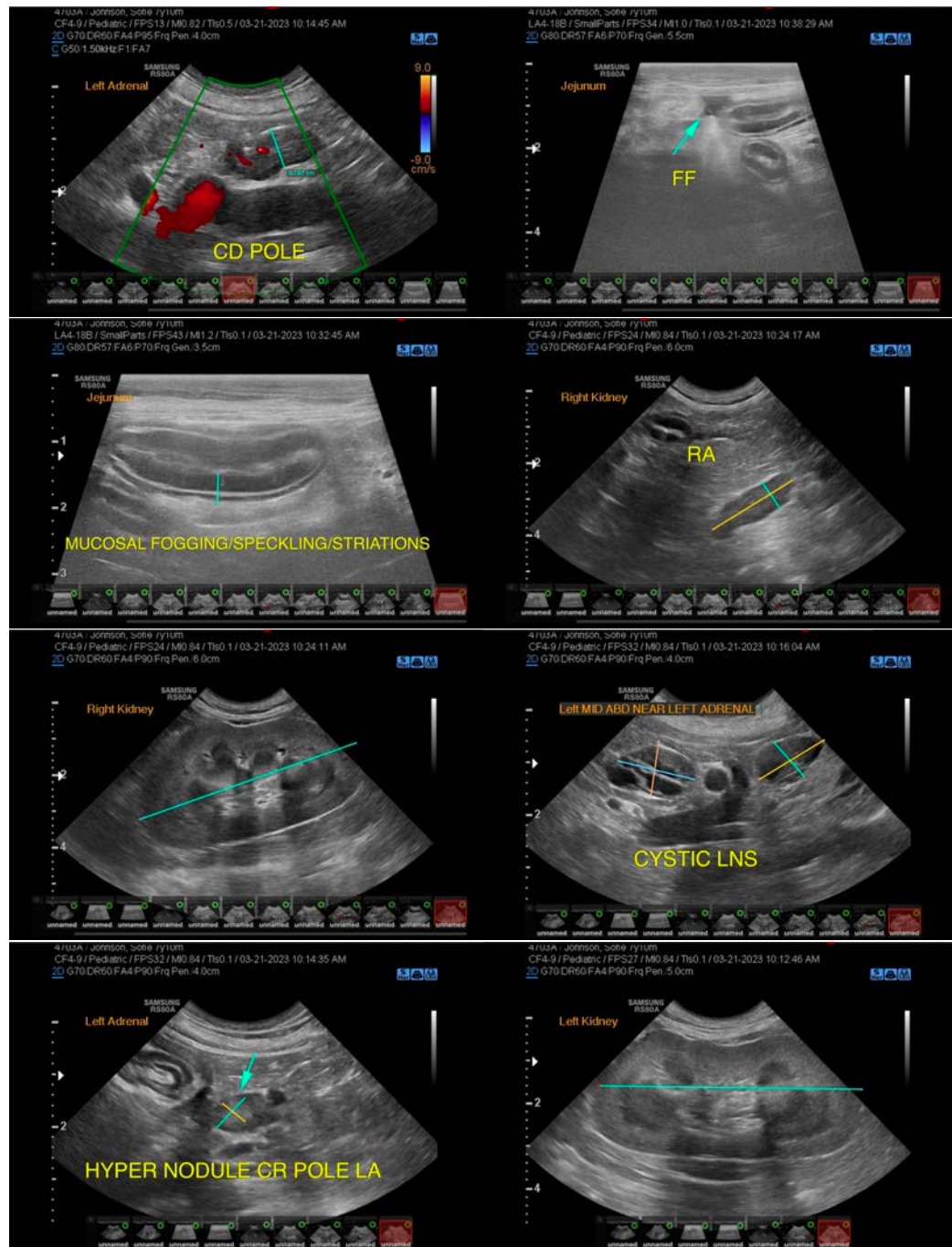
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or be non-active. If there are signs of Cushing's disease present, consider adrenal function testing, although this might be somewhat difficult to interpret due to the concurrent illness present (I would recommend an ACTH stimulation test). Additionally, a blood pressure looking for evidence of hypertension. If hypertension is present, consider measuring catecholamine levels, looking for evidence of a pheochromocytoma. If a non-active lesion is suspected, then you could consider a contrast CT scan for further evaluation, looking for evidence of vascular invasion, etc. and planning for possible surgical removal. Alternately, if surgical removal would not be pursued, you could consider continued monitoring with ultrasound. I would recommend a recheck ultrasound in three months.





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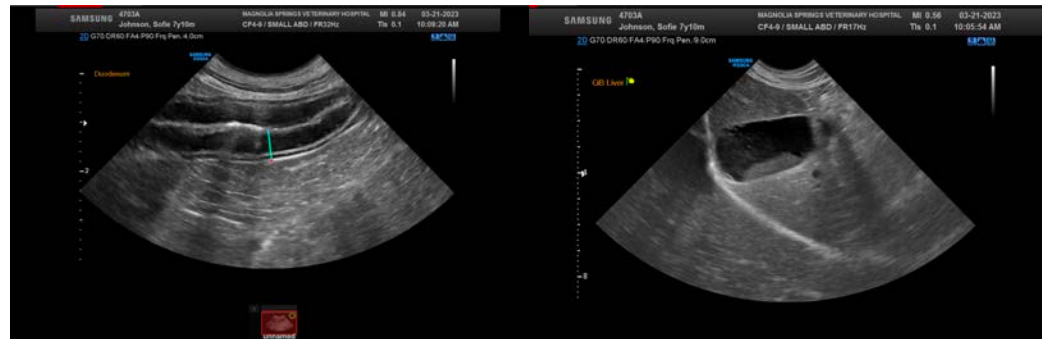
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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